



08-27-03

1756/\$

Please type a plus sign (+) inside this box → ☒

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/052,203
Filing Date	January 16, 2002
First Named Inventor	Ken Ohmura
Group Art Unit	1756
Examiner Name	Christopher D. Rodee
Attorney Docket Number	56232.16

Total Number of Pages in This Submission
(excluding references)

11

RECEIVED
AUG 29 2003
TC 1700**ENCLOSURES (check all that apply)**

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Postage Paid Return Postcard | <input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment / Response | <input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate) | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> Amendment Transmittal Letter (in duplicate) | <input type="checkbox"/> Request for Continued Examination Transmittal (RCE) | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Fee Transmittal Form (in duplicate) | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Petition for Extension of Time (_3_ months) (in duplicate) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 and References | <input checked="" type="checkbox"/> Terminal Disclaimer | |
| <input checked="" type="checkbox"/> Express Mail Label No. 337978946 | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Cameron K. Kerrigan, Reg. No. 44,826
Signature	
Date	August 25, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as express mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

Typed or printed name Patricia Gamble

Signature

Date

August 25, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450